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ABSTRACT

Exploring a Phoenix, Arizona, drug rehabilitation program oriented toward the Chicano addict was the purpose of this study. The study related to 3 major variables influencing the rehabilitation process: (1) characteristics of the Chicano addict, (2) characteristic life style patterns considered in the rehabilitation process, and (3) the extent to which the rehabilitation process is geared to meet the Chicano addict's needs. Case records of 232 addicts composed the study population. In-depth interviews using predetermined questionnaires and non-directive interview techniques were conducted with 22 of the addicts. Information was also obtained from program administrators and staff to determine (1) program policy and services, (2) interpretation of findings, and (3) assessment of the community service network. Findings indicated that (1) a large proportion of addicts were males, (2) the largest number were between 23 and 27 years of age upon entering the program, (3) they were in their first marriage and had dependent children, (4) most were Catholic and Mexican American, (5) most were from barrios and had received 8 to 11 years of education, (6) most had relied typically on illegal activities for income (those with legitimate jobs had unskilled labor occupations), (7) heroin was the most common drug problem, and (8) most had been arrested 3 or more times and were convicted 1 to 2 times. Recommendations were to design an outreach program to attract female students and to continue to locate rehabilitation programs for Chicano addicts in barrios.
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THE CHICANO ADDICT

AN ANALYSIS OF FACTORS
INFLUENCING REHABILITATION
IN A TREATMENT AND PREVENTION PROGRAM



MANO EN MANO VENCEREMOS

[1972]

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Conducted By

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for Valle Del Sol, Inc.

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A C K N O W L E D G M E N T

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We are also indebted to Miss Nancy Luna, Jolanda Welsh and Community Council for their assistance in preparing and completing the printing of this volume.

We wish also to express our appreciation to CODAC for its cooperation in this endeavor.

Manuel Dominguez
Manuel Dominguez
Executive Director

Sam Ramirez
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President

VALLE DEL SOL is a non-profit, tax exempt organization incorporated in December, 1970, in Phoenix, Arizona. Policy and guidance is provided by a nine-member Board of Directors. Supported by United Fund serving the Metropolitan Phoenix-Scottsdale area.

VALLE DEL SOL's primary interest is to articulate the Education and Health problems of the Mexican-American residents of Maricopa County and develop avenues to alleviate the problems.

VALLE DEL SOL Goals and Objectives:

Carry out a broad planning approach for identifying those problems and issues which directly and negatively affect the Mexican-American community

Establish an on-going administration that will carry out the goals and objectives which are established and supported by the Mexican-American community as well as the broader community

Provide organizations and individuals with assistance in Education and Health; efforts aimed at meeting the unique needs of the Mexican-American community

Propose programs to school systems and seek means of mobilizing those individuals and organizations genuinely interested in the betterment of our schools

Promote meetings, conferences, seminars, and other forms of group communication and analysis of the same for dissemination in our community

Conduct research and inquiry of the current problems and issues that confront the Chicano community in the Phoenix Metropolitan area

VALLE DEL SOL NARCOTIC PREVENTION PROJECT funded by Community Organization for Drug Control (CODAC) and National Institute of Mental Health to assist residents of Phoenix who have a drug-related problem. Our main purpose is to try and stop heroin addiction and the spread of drug abuse. Another purpose of the project, is to assist anyone having this problem, to get the proper rehabilitation. It is a proven fact that rehabilitated addicts can become useful and productive citizens of our community. Addicts are human beings who for some reason or another chose narcotics as a means to help them cope with our highly technical and complex society. The VALLE DEL SOL NARCOTIC PREVENTION PROJECT feels

that these individuals were not given every opportunity to compete in our society. The project also feels that these individuals should be given these opportunities after an adequate rehabilitation.

Assistance in acquiring these services will be available.

Drug education	Rehabilitation
Drug prevention	Counseling
Contact services	Group therapy
Referral	Methadone
Treatment	Maintenance

VALLE DEL SOL EDUCATION COMPONENT funded by the Campaign for Human Development has been in operation since January, 1972, will work with:

Elementary and secondary educational institutes to develop bilingual program, curriculum revision, and awareness seminars

Organizations and individuals in efforts aimed at meeting the unique needs of the Chicano community.

Programs which will bring about more relevant schools and education progress in Chicano Barrios.

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CHAPTER I

THE PROBLEM

1. Introduction

The abuse of narcotics is a foremost social problem in the United States. According to research findings of the National Institute of Mental Health: "more than 100,000 Americans lead totally unproductive lives because of their addiction to narcotics." At a local level, particularly in large urban communities, the economic magnitude of narcotic abuse is significant enough to warrant an all-out attack on the problem. Considering cost factors in the illegal marketing of heroin, such as: the complex distribution system, crimes committed to perpetuate habits (including the fencing of stolen goods), deaths resulting from overdose, and the expensive judicial process from trial to imprisonment, a significant cost to the community is represented.

Phoenix, a rapidly expanding urban community, faces the growing menace of narcotic addiction. Mayor John Driggs, in giving testimony to the United States Senate Sub-committee on Alcoholism and Narcotics, May 5, 1971, stated that approximately 2,000 heroin addicts resided in greater metropolitan Phoenix.

It is estimated that the majority of narcotics traffic in Phoenix is confined to its inner city and related to the problems of economic deprivation, poor employment opportunities, inadequate housing, inferior education, high illegal activity involvement, and negative self-image.

In addition to improving crime control methods, a viable alternative to curbing the increasing growth of narcotic addiction in the inner city is the development of narcotic treatment and prevention programs. Social service agencies have previously not focused on the specific needs of the inner city narcotic addict.

Recognizing that minority groups predominated in central city areas, the United States Commission on Civil Rights feels that it is imperative to:

insure that minority group members are in a position to contribute to the design, execution, and evaluation of all major social policies and programs. This will improve the quality of such policies and programs by introducing a certain sensitivity to human values, which is too often lacking in the overly technology-oriented behavior of the white majority.

Accordingly, the Valle Del Sol Coalition, a coordinating body composed of twenty-two local Mexican-American organizations, under-took the development of services in the area of narcotic abuse. In July 1970, a coalition task force was created to study this issue. The efforts of this task force produced a proposal for the development of a three-phase program.

The first phase of the project was to spend approximately ninety days gathering data on drug abuse in the South Phoenix area, which would provide the basis for narcotic abuse services to be offered. This phase also included the training of projected program staff to be completed at the Quebrar Program in Albuquerque, New Mexico.

The second phase was to initiate a pilot program of limited financial scope for a four-month duration. The objective included in this phase was an on-going assessment of the specific needs of the Chicano addict. Services provided within the pilot program included counseling, referral, and evaluation.

The third phase involved full implementation of the program with full funding. If additional services were demonstrated as needed during the second phase, these services would be included within the third phase. For example, services envisioned included methadone maintenance.

This proposal was submitted to the Community Organization for Drug Abuse Control (CODAC) and subsequently funded under a CODAC National Institute of Mental Health staffing grant. Valle Del Sol Institute, Inc., a local agency involved in community research and planning, became the designated agency responsible for administering this project.

At the time this study was initiated, January 1, 1971, the Valle Del Sol Narcotic Prevention Program (VDSNPP) was in the third phase of its development. This program is dedicated to the treatment of the Chicano addict in the inner city of Phoenix. For this reason, it was chosen by the research team as the agency whose services were most ideally suited for the problem under study.

2. The Problem

The Chicano addict presents a unique and complex set of needs that are based on: cultural traditions, customs, morals, and language. According to the objectives of the VDSNPP, this agency intends to provide specific services to meet these unique needs.

The purpose of this study is to explore the Valle Del Sol Narcotics Prevention Program. The specific problem under study relates to three major variables felt to influence the rehabilitation of the Chicano addict. They are:

- (1) What are the characteristics of the Chicano addict?
- (2) What characteristic life style patterns must be considered in the rehabilitation process?
- (3) To what extent is the rehabilitation process geared to meet the Chicano addict's needs?

3. Importance of the Study

The problem of narcotic addiction currently enjoys national recognition. In spite of this being a seemingly newly developed problem, many recognize that narcotic addiction has for many years been a chronic problem in the Chicano community. The addict plays a major contributing role in the inner city poverty cycle. A specialized narcotics prevention and rehabilitation program administered by Chicanos offers a viable solution to breaking the cycle. A research study of this nature therefore should not only assist the program under study, but other programs interested in serving the Chicano addict.

CHAPTER II

REVIEW OF LITERATURE

1. Introduction

A great deal of literature exists regarding the subject of opiate addiction (i.e., morphine, heroin) in the United States and about the various theories concerned with the solution of this social dilemma. The focus of this section deals primarily with the treatment and rehabilitation aspects of narcotic addiction programs, and the problems facing the Mexican-American population in the Southwest.

2. History

Opium has been used for a variety of purposes throughout recorded history and probably earlier. Its use has been regarded as a social problem since the eighteenth century when the "commercial exploitation of opium by the East India Company led to the edicts against importation and to the Opium War of 1840 (O'Donnell & Ball, 1966, p.1)." Opiates, the most common name for the derivatives and compounds of opium and their synthetic equivalents, have been used in the United States since the colonial days. Before the hypodermic needle and syringe were invented, opium was taken orally. Today, opiates are administered by injection almost exclusively.

In the early 1900's when the use of opiates was first identified as a social problem in the United States, the lack of knowledge concerning addiction and the use of opiates led to early attempts of suppression by making it illegal to use opiates, except for medicinal purposes. Statistics from the Federal Bureau of Narcotics have shown a substantial decrease in reported active addicts in the United States as a result of this legal policy. However, as O'Donnell and Ball (1966) point out, these statistics are an administrative tool designed to serve the purpose of the law enforcement agency and do not lend themselves to measure how prevalent the use of opiates actually is. The estimates run from the Bureau's statistics of sixty-eight thousand known addicts, in 1969, to other conservative estimates of two hundred thousand actual addicts (Worsnop, 1970).

3. Treatment Approaches

Our gradual developing knowledge about addiction led to different emphases in our attitude toward addiction, i.e., away from the legal, punitive, deterrent orientation toward the recognition of the addict as a patient and ensuing development of varied treatment approaches. Although there had been some attempts to treat the addict prior to 1935, when the first United States Public Health Service Hospital was established in Lexington, Kentucky, its creation is still viewed as the first major step toward the development of a systematic treatment program. The first major focus of addiction treatment was the intrapsychic, or use of psychiatric or psychological techniques. The basic philosophy was that addiction occurred only in certain types of personalities, and that solutions to addiction were to be found in correcting the personality by dealing with the conflicts between the Id, Ego, and Super-Ego.

Although more follow-up research is needed to determine the rate of success, as studies have indicated, of those who go through the two United States Public Health Service Hospitals, 95% return to opiates. This large scale research initially addressing itself to the high recidivism rate, that was begun in Lexington, and later at Fort Worth, Texas, has been the primary catalytic agent for the development of some of the newer treatment approaches. For example, the California Rehabilitation Center in Corona has as its primary treatment emphasis, the institutional psychotherapeutic approach, but in addition includes training and counseling for patients and their families (Winn, 1969).

Developments in these areas have forced the various traditional psychotherapy treatment modalities to take into consideration the environmental circumstances associated with poverty, crime, broken homes and other traits related to particular life styles. As a result, programs have developed much like the recently launched massive statewide programs to deal with the narcotic addiction problem. In recent study, Luria (1968) states that in New York a wide variety of facilities are utilized, including half-way houses, hospitals, residential treatment centers and outpatient facilities of group and individual psychotherapy, educational and vocational training, job development, community education, as well as close follow-up for the addict upon his return to the community. This system of service was developed by Efrem E. Ramirez, who labeled it as the "psychotherapeutic existential confrontation" approach.

The inability of the psychotherapeutic concentration to effect environmental circumstances has led to the creation of another type of treatment concentration, typified by the Synanon, Day Top, Encounter and Odyssey House structure of self-help, or non-medical orientation of group living (Luria, 1968). "Non-medical" is used in this sense to mean that the addicts are not withdrawn gradually by reducing their daily dose of opiates or maintained by such drugs as methadone.

The primary focus of the Synanon-type of program is the restructuring of a drug free life style by enmeshing the addict in this special group life. Yablonsky (1965) refers to this group life style in terms of a family structure where the new members are initiated into the program through a very

thoroughly structured existence. This consists of a resocialization process starting with menial jobs, gradually acquired more responsibility leading to acceptance and participation while living within a drug free substituted sub-culture. Progression through these phases is determined by peer evaluation. The proponents of this treatment concentration feel that the change in the life style of the addict is brought about by the highly structured environment and their new kind of symposiums, seminars or group therapy, which their originators, Synanon, describes as:

An effective approach to racial integration, a humane solution to some facets of bureaucratic organization, a different way of being religious, a new method of attack therapy, an unusual kind of communication.

Kron (1965) states that one of the major shortcomings of this type of treatment approach is that only a few of the ex-addicts who have been treated have been able to become completely independent of the institution and go on to lead drug free productive lives. Concern exists over the lack of continuity from the institutional care and/or isolated group living setting to the reintegration into the patient's former community.

This has led to the creation of a third major concentration in treatment modalities, the community-based realistic approach, in which the half-way house plays an important part. By allowing the addict to stay in his own environment, but off hard drugs, the proponents of this emphasis feel the addict is given a more demanding, realistic and less structured environment, which Fairchild explains as:

the reality testing ground for the client, in which he faces the experiences of success and failure, reacts to them and sets new goals for himself and practices the new habit and behavior patterns gained directly or indirectly from the therapies applied.

The community-based treatment program is more recent and has been able to make use of the drug maintenance concepts, such as methadone. It has been found that patients can be stabilized on this medication without escalation of dosage and with no evidence of toxicity. It does not produce euphoria or narcotic effects in the patients. This procedure is thus said to facilitate rehabilitation. This community-based treatment approach has been developed to deal primarily with the poor uneducated people who are often the objects of racial discrimination and have longer records of arrest (Milbauer, 1970). Typical of those newly developed community-based programs are the Boyle Heights Program in East Los Angeles and Quebrar in New Mexico.

The development of the preceding three concentrations of treatment and their continued research have crystalized the fact that narcotic addiction is a multivariate problem calling for as many different treatment approaches. The multivariate approach is currently viewed by Kron as:

a case finding and receiving station to contact addicts at the earliest possible stage in the development of their addiction. Early detection, street work and local agency coordination are involved and referrals are then made on the basis of the individual addict's experience. Continued liaison with detoxification hospitals, longer-term hospitalizations, courts and prisons, and probation and parole facilities is implemented to follow-up the addict after his release from their custody. The aftercare program, which continues for many years, provides various forms of supportive therapy. Family life, employment and social and recreational activities are included in the program, and its essential element is the development of a personal relationship with the addicts himself.

The VDSNPP is a community-based organization with the added concept of providing comprehensive services that are particular to its clientele. The program is addressing itself to the life style of the Chicano drug addict and the effects the environment has had on him as a person.

The treatment approaches which take into consideration the systemic problems facing the addict population have been previously identified within Chapter 1 and earlier in this section. We will now attempt to identify those areas referred to as systemic, as they pertain to the Chicano population.

4. Major Systemic Elements Affecting the Chicano Life Style

In a recent study of the educational opportunities of Mexican-Americans, Carter found that:

The degree of assimilation, or structural integration of a group, can be measured in many ways. One important indicator is the group's participation in the dominant society's institutions. Mexican-Americans have not previously and do not now participate in formal educational institutions in the percentages appropriate to their numbers in the general population. (pp. 21-22).

This is evidenced by the extremely low median for years of schooling completed by Mexican-Americans twenty-five years and older in five southwestern states for 1950 and 1960. The census results, as seen in the Grebler study (1967), show that for 1950 the median years of schooling completed by the total population covered, in Arizona, California, Colorado, New Mexico and Texas was 10.2 years. The comparable statistic for the Mexican-Americans of these same states was 6.0 years! Similarly, the same statistic for the total adult population in 1960 was up to 11.4 years, whereas the total Mexican-American adult statistic had only risen to 6.9 years, several years behind the educational norm of the general society.

These findings are also reflected in a survey of the Mexican-American addict population of the Lexington and Fort Worth hospitals, during 1961 and 1967. Chambers, Cuskey and Moffett (1970) found that 88.2% and 87%, respectively, of the Chicano population were high school dropouts, and they further concluded that "Mexican-Americans who became addicts were the least educated of their ethnic-cultural group. . . and also are the least educated of the addicted groups (p. 528)."

The educational attainment of the Mexican-American population in the five southwestern states is closely paralleled to the occupational and income position of this group. Ramirez (1970) states that figures from the 1960 census show that only "five percent of urban employed Mexican males are represented in professional occupations, whereas 76% are categorized as manual workers (p. 183)." Given the low job skill level of this group as well as a decrease in the demand for unskilled labor, and noting the previous statistics on the lack of education, the problem of unemployment for the Chicano becomes acute. Access to means of upward mobility are limited, tending to keep the unskilled laborer of Mexican-American descent locked into the lower socioeconomic status. Ramirez (1970) cites the following as reasons for this hindrance: (1) elements of overt and covert discrimination; (2) differences in educational and training opportunities; (3) a vicious poverty cycle; and (4) language and cultural barriers.

In a study entitled "Mexican-Americans in the Southwest Labor Markets," Fogel (1967) reports in his findings that high unemployment rates of roughly twice that of anglos of comparable age exists in these states, with Arizona and California having the lowest rates of unemployment for the Chicano. For those who are able to find work, low earnings due to their heavy concentration in the unskilled occupations presents further problems. According to Heller (1966) the 1960 census data revealed that the median income of Mexican-American wage and salary earners in the Southwest was close to two thousand dollars per year, and for urban Mexican males as a group--three thousand two hundred dollars (\$3,200) per year.

Figures relating to the incidence of poverty among Chicano families and individuals in the Southwest further points to the serious problems faced by these people. In a further evaluation of the 1960 census data, Mittelbach and Marshall (1966) indicate that within the Southwest "the individuals in poor Spanish-surname families totaled one million eighty-one thousand eight hundred seventy-six, (1,081,876) with the number of children involved as members of these families at 50% of this total. ('Poor' is defined here as widely used statistical poverty-line of three thousand dollars or less income per year for a family of four. (pp. 4-5)."

The actual number of poor families of Mexican descent in the Southwest was reported (Mittelbach and Marshall, 1966) to be 41.7% of all Mexican-American families in this area. In Arizona, poor Chicano families accounted for 30.8% of all Mexican-American families.

Accompanying poverty are also the problems of malnutrition, poor health, inadequate and overcrowded housing, crime and delinquency and family disorganization. Mittelbach and Marshall (1966), making further evaluations of the 1960 census data, using female heads of households as a possible indicator of family dysfunctioning, or "broken families," in the Mexican-American population of the Southwest, found that of the ninety thousand families with

female heads of households; sixty-one thousand of these families met the poverty criteria as previously stated. Fogel (1967) also found that in the urban centers of the Southwest over one third of the Spanish-surname families (one and one-half million persons) live in overcrowded dwellings. Within these housing units, the dilapidation was seven times that of anglo homes.

In the study cited earlier (Chambers et al., 1970), done at the Fort Worth and Lexington hospitals on the Mexican-American addict population, it was found that "the prevalence of arrest among Mexican-American addicts is the highest for any ethnic-cultural group . . . Every one of these addicts had a history of arrests, with the average age of the Mexican-American addict upon first arrest being 16.8 years (pp. 5-6)." Most of these arrests were not connected to the use of opiates. This study also further suggested a question for possible future research: "why does a minority group representing only 2% of the population (United States) contribute 10% of the population of opiate addicts (p. 8)?"

A great deal has also been written on the subject of the development of a negative self-image among many Chicano children, which is closely tied to the barriers against them speaking their own language in the public school system. The implications according to the NEA-Tucson Survey (1970) on this subject, is that "Spanish and the culture which it represents are of no worth. Therefore, (it follows again) this particular child is of no worth (p. 112)." Recent studies have indicated that members of a cultural minority are best suited for competition in the majority culture if they first acquire a strong minority cultural identity. Derbyshire (1968) points out that "pride in one's cultural heritage appears functional for reducing identity and role conflict (p. 108)."

5. Summary

In the early 1900's the use of opiates was first identified as a social problem in the United States. Since that time varied treatment approaches have been developed. The first major focus of addiction treatment was the intra-psychic approach. However, the various traditional psychotherapy treatment modalities have been forced to consider environmental circumstances. Inability to effect these environmental circumstances led to the restructuring of a drug free life style by enmeshing the addict for reintegration into the community led to the creation of the third major approach, the community based multivariate approach. VDSNPP is such a community based organization with the added concept of providing comprehensive services that are particular to its clientele.

As the literature suggests the Chicano addict's life style has components of: economic deprivation, poor employment opportunities, inadequate housing, inferior education, high illegal activity involvement and negative self-image. Traditional drug treatment modalities, intra-psychic approach and group living settings, such as Synanon, failed to address themselves to these facets of the addict's life style.

With the emergence of community-based multivariate approach, the "whole" person is now being treated. This treatment philosophy has augmented the development of programs, which relate specifically to the problem areas of the addict.

CHAPTER III

METHODOLOGY

The following sections describe the instruments used to collect data, the procedures by which these data were recorded, and the sample of addicts from which our findings were obtained.

1. Preparation for the Study

A. Agency Approval: The initial interest in this research study was generated by the male Chicano member of the team. His contact with VDS administrators resulted in the expression of their interest in the possibility and necessity of research into vital aspects of their program. Permission was verbally granted to start such a project, which would be under the supervision of the Arizona State University Graduate School of Social Service Administration Research Department. The administrative staff offered to cooperate fully with all the members of this research team, and free access to all the VDSNPP case files was also granted.

B. Review of Pertinent Literature: A systematic review of available literature in the areas of opiate addiction and rehabilitation programs was conducted. Special attention was given to the systemic problems of the Chicano population with subsequent implications for treatment programs designed to meet these needs.

C. Analysis of Program Documents: Prior to the formation of specific study goals, agency documents, such as the Valle Del Sol Proposal, and Production Program Proposal were examined. A random sampling of the case files was also completed to provide an overview of the information that would be available and to give the researchers direction in formulating the research design.

D. Interviews With the Valle Del Sol Organization: Following an agreement with Valle Del Sol to use their agency as the base for research, the research team had three joint meetings with their staff to discuss: the Valle Del Sol program; areas in which a need for research was foreseen; and areas that would be feasible for research.

E. Division of Labor: After several planning meetings of the research team, it was decided that the study would focus on an exploration of three areas of influence on rehabilitation process. The meeting of addicts' needs through the rehabilitation process was assigned to the chairman of the team; addict characteristics to two of the female researchers; and addict life style to the

two Chicano researchers, one male and one female. It was felt that the Valle Del Sol members interviewed would best be able to relate to these Spanish-speaking interviewers. The assignments were made on the basis of area of interest and mutual consent.

F. Advisory Committee: In the formulative stages, the research team invited five individuals considered to have valuable knowledge and experience relating to drugs and/or the Mexican-American culture, to join in a panel to critically analyze the project objectives and questionnaires.

G. Selection of Member Sample: The 12th Edition of the Chemical Rubber Company's Standard Mathematics Tables was used to determine 50 numbers to correspond with member case numbers. From the total caseload of 232, 50 cases were randomly selected for the addict life style interviews. It was later determined that many sample cases were unattainable due to incarceration, mobility, refusals to participate, etc. Of the original 232, 22 interviews were subsequently obtained.

2. Data Collection Plan

A. Addict Characteristics: This phase of the data collection was completed from April 21, 1971, to May 15, 1971. The National Institute of Mental Health Narcotic Addiction Reporting Program Admission Record, MH-193, was extracted in entirety from each member casefile. In addition, eight other questions were answered by using casefile data. In order to obtain the most complete demographic profile of the client population, the National Institute of Mental Health (NIMH) form was selected. Supplementary Valle Del Sol Program entrance data was obtained from agency case record forms to further complete this addict characteristic profile.

B. Addict Life Style: In-depth interviews were conducted from May 1, 1971, to October 1, 1971. The questionnaire had been pre-tested on two of the members not included in the sample. Initially, the sample of 50 was divided with each of the researchers assigned to this topic responsible for 25 interviews. A total of 22 interviews were obtained, 11 came from the original sample. The other 11 were purposively selected by the counselors on the basis of their availability for interviewing purposes. The change in population sample was necessary due to the demands unique to the addict life style. These demands included: incarceration, moves out of state, involvement in other treatment facilities, running from law enforcement authorities, no forwarding address following a move, failure to keep appointments, one refusal to participate in this study, and "taking care of business" (obtaining money illegally to support the habit). The interviews were scheduled with the cooperation of the Valle Del Sol Senior counselor. All of the interviews were conducted at the agency (VDS). Each interview was approximately 90 minutes in duration.

With the open-ended type of interview, it was hoped that information regarding the addict life style could be obtained on an individual basis.

C. Agency Services: During the period between April 29, 1971, to September 1, 1971, three separate methods of data collection were used: (1) predetermined questionnaire interviews, (2) self-completion questionnaires, and (3) review of program documents.

Separate interviews were conducted with the administrator and assistant administrator regarding: (1) Administrative View of Services, (2) Job Functioning, (3) Program Policy, and (4) Assessment of Community Network. Similar interviews were conducted with counselors regarding their Use of Services. Although predetermined questions were used, the interviewer was given great latitude and encouraged the interviewers to expand the discussion areas and/or to introduce new related topics. It was hoped that in so doing all avenues of service would be covered. Each interview lasted approximately one hour.

Program documents reviewed included: Methadone Maintenance, Anti-Drug Education Program, Barrio Counselor Training Program, NIMH Assurances of Services, Policy and Procedures, the Original Valle Del Sol program documents enabled the research team to explore the intra-agency range of services.

3. Population

A. Addict Characteristics: The population for addict characteristics was the 232 member casefiles. This represented the total number of members who had been connected with Valle Del Sol from September 1, 1970, through April 30, 1971. Both active and inactive cases were included.

B. Addict Life Style: The 22 member population for this section of the study was selected from the total caseload of 232.

The majority of the sample members were of Mexican-American descent, ages varied, as did employment and education. Both male and female, active and inactive, cases were included in the population.

C. Agency Services: The director, assistant director, and the five counselors of Valle Del Sol constituted the population for this section of the study. The common characteristic of all segments of this population was familiarity with Valle Del Sol's system of service for its members.

4. Instruments

A. Addict Characteristics: The major instrument used for this section was MH-193, the NIMH Narcotic Addiction Admission Record. See Appendix C. Eight additional responses were extracted from agency case record forms. Refer to Appendix D for these questions.

B. Addict Life Style: An open-ended questionnaire was constructed to formulate a picture of the addict life style in the following phases of life; hereafter when presented in the following sequential order, will be referred to as the drug cycle:

1. Prior to the use of drugs
2. Pre-addiction (using drugs but not addicted)
3. Addiction: the taking of opiate drugs to prevent the symptom commonly referred to as "withdrawal" from occurring
4. After kicking the habit: kick is taken to mean a voluntary abstinence from the drug of addiction for at least two months. The use of methadone maintenance, a legally sanctioned opiate substitute, will be considered a form of abstinence while the member is involved in a rehabilitative program for at least two months.
5. Return to hard drugs

In turn, each phase of the drug cycle was explored in terms of the following topics:

1. Education
2. Employment
3. Primary Relationships
4. Illegal Activities
5. Drug Dependency

See Appendix E for a copy of the questionnaire.

C. Agency Services: Open-ended questionnaires administered to all staff members were designed to explore the following aspects of this topic:

1. The broad spectrum of client service agencies
2. Agency awareness of members and their problems
3. Delivery of service with respect to member needs
4. Deficiencies and/or gaps in service network

See Appendices F, G, and H for copies of questionnaires used.

5. Data Analysis Techniques

A. Addict Characteristics: A statistical analysis of the demographic information was completed. Bivariate tables were constructed to compare various combinations of demographic characteristics.

B. Addict Life Style: Based upon the questionnaires, analysis of the emerged patterns of the addict life style were made. These patterns will be presented in a tabular and descriptive manner in the next chapter.

C. Agency Services: The information gathered from Valle Del Sol was categorically analyzed regarding the broad spectrum of services provided. References were made to specific agency services where appropriate in the presentation of the narrative and tabular interpretations.

Based upon this information recommendations were made relative to the scope of existing services.

CHAPTER IV
RESULTS AND INTERPRETATIONS
1. Addict Characteristics

Introduction

Knowledge of characteristics of the population served by the VDSNPP is imperative to effect development of services and have a positive influence on the rehabilitation of the addict. The 232 case records of members represent the total population of the VDSNPP served between September 1, 1970, and April 30, 1971. Client characteristics considered to be essential for the study of the population include: sex, age, race, marital status, living arrangements, religion, educational level and income.

Bivariate tables will be used to compare various combinations of characteristics. Data was obtained from forms designed by Texas Christian University, the completion of which is required by NIMH. TCU form is attached in Appendix C. It was hoped that comparisons will yield identifiable trends in the type of addicts seeking assistance and thereby have some impact on program design.

Sex vs. Age

Table 1 indicates the breakdown of the ages of members by their sex.

TABLE 1
SEX VS. AGE*
N=230

Sex	13-17	18-22	AGE 23-27	28-32	33-over	Not Recorded	TOTAL
Male		32	66	35	54	1	188(82%)
Female		16	15	6	5		42(18%)
Total		48(21%)	81(35%)	41(18%)	59(26%)	1(0%)	230 (100%)

*Two members failed to record the item "sex".

The proportion of male members to female members is significantly higher with 82% of the program population consisting of male members, and 18% of female members. Program counselors interpreted these findings as supporting their views that there are generally fewer females than males addicted to hard drugs. Counselors felt that fewer female addicts contact treatment programs as the female addict has easy access to money for drugs through prostitution, which enables her to continue supporting her habit without obtaining treatment. Finally, they felt that the female addict may be reluctant to admit her habit and enter a program for narcotic addicts due to the fear of discovery and the moral "labels" and stigma that her open admission of addiction might cost her.

The table also shows that the largest combined percentage (35%) of male-female members appeared to enter the program between the ages of 23 to 27 years, followed by the second highest combined percentage (26%) entering at the age of 33 years and over. Program counselors agreed that very few "hard core" addicts can successfully enter the program and kick their habit at an early age. They have found that often the addict that has tried unsuccessfully to "kick" his habit several times, and is growing increasingly "tired" of the life-style necessary to maintain his drug habit, may be more willing to make a bona fide effort to get off of drugs. Counselors added that this factor accounts for the higher percentage of male-female combined addicts in the program, within the older-age categories.

Sex vs. Race

The second set of variables used were sex and race. The ethnicity of the members was based on the race of the member's mother, as no more specific data was available on their ethnicity from the NIMH Admission Record form. The following categories are recorded under the heading of "Anglo-American": Central European, Irish, Italian, Jewish, Puerto Rican and Western European. The category "Other" consisted of those who did not specify ethnicity on the NIMH Admission Record. Table 2 indicates the various races of the members by their sex.

TABLE 2

SEX VS. RACE

N=230

Sex	RACE					TOTAL
	Afro-American	American Indian	Anglo-American	Mexican	Other	
Male	28	4	30	123	3	188
Female	16	1	12	13		42
Total	44(19%)	5(2%)	42(18%)	136(60%)	3(1%)	230(100%)

The data show that the overwhelming majority of the program's combined male-female population is of Mexican-American descent (60%). The combined members of black and anglo descent are almost equally represented with 19% and 18%, respectively, of the total program population. The American Indian constitutes only 2% of the total program population.

Although the program is open to all ethnic backgrounds, the higher percentage of Mexican-American members could be explained by the program's geographical location within and/or near the various Mexican-American barrios; the use of indigenous, ex-addict counselors, many being of Mexican-American descent and knowing the addicts personally; and finally, the program's emphasis of addressing itself particularly to the needs and problems of the Chicano drug addict. One counselor expressed the fact that Valle Del Sol is often "The last place the addict will come," meaning that the addict knows the counselors are former addicts themselves, knows them personally, and thus finds it difficult to "con" the counselors. The addict thus often delays entering the program until he is willing to make a sincere attempt to "kick his habits."

Sex vs. Marital Status

The third set of variables compared were sex and marital status. They were chosen to explore the possible effects that addiction might have on marital relationships and family functioning. The category entitled "Other" includes: "common-law" marriages, those who did not specify marital status, and two widows.

TABLE 3
SEX VS. MARITAL STATUS
N=230

Sex	MARITAL STATUS						TOTAL
	Never Married	First Marriage	Re-Married	Separated	Divorced	Other	
Male	46	78	10	27	18	9	188
Female	16	11	3	5	4	3	42
Total	62(27%)	89(39%)	13(6%)	32(14%)	22(9%)	12 (5%)	230(100%)

In Table 3, the highest combined percentage (male-female) under the variable of "marital status" occurred under the category of "First Marriage," with 39% of the total population designated as such. This is followed by 27% of the population (male-female combined) designated as "Never Married". Program counselors interpreted the higher percentage for first marriage as indicating a lack of divorce among Chicano members due to cultural traditions with a religious reinforcement of these traditions, but not necessarily as a sign of marital stability. One counselor expressed that "once addicted to heroin, the addict will lose his family within one year." The addict whose wife stays with him does so for reasons based on the cultural traditions - "He's the father of my children," and although she comes to accept the problem, does not condone her husband's addiction. The addict may leave his wife and family often, and return to them intermittently, but would still consider himself married and not actually "separated" from them. Counselors also pointed out that many addicts live in a common-law relationship, but would often consider this as "a marriage" and would refer to his partner as "my wife."

In regard to the statistic of 27% of the population designated as "Never Married", the program counselors indicated that many members have never married due to their high mobility while "hooked on heroin," and that once "hooked," everything else becomes secondary to the heroin; sexual impotence is frequent, and marriage following addiction is highly unlikely.

Sex vs. Living Arrangements

Sex and living arrangements were the next set of variables compared. Their selection was based upon possible treatment implications involving the addict's significant others (legal spouse, children, parent(s), other relatives, friends, etc.)

TABLE 4
SEX VS. LIVING ARRANGEMENTS

N=230

Sex	Legal Spouse	Children	LIVING ARRANGEMENTS					TOTAL
			Parent	Other Relative	Friend	Jail or Prison	Other	
Male	75	6	38	18	22	7	22	188
Female	14	2	6	2	13	1	4	42
Total	89(39%)	8(3.5%)	44(19%)	20(9%)	35(15%)	8(3.5%)	26(11%)	230(100%)

Table 4 illustrated that the highest percentage of male-female addict members live with their legal spouse (39%). It is interesting to note that the former table (3) on "Marital Status" indicated 39% of the members as being "in their first marriage." This did not, however, include the category of "common-law," which as discussed previously, is often considered by members as "marriage." Program counselors feel that these data support their feeling that more work is needed with the addict's family and spouse. Counselors explained that the addicts' families have very little faith in "programs" as such, (for example - manpower and training programs, drug maintenance programs, etc.), as the addict has been in many of them before, either for the money he could get, or for the drugs he could obtain, and these programs have failed to rehabilitate him or help him. Counselors added that the family begins to become resigned and then to accept the addict as he is, neither approving nor disapproving of his behavior. Addiction also tends to be quite high among families according to the counselors. It is not uncommon for one's father, brother or uncle to be addicted and this pattern is observed by the young. Often a youth begins to start "skin popping", injecting a narcotic or any liquid substance into the upper arm subcutaneously, not in a vein. Addiction occurs as the narcotic still enters the blood system; however, it is at a slower rate than mainlining (vein injection). Skin popping is started at 14 or 15 years of age, in order to "hurt his family," but it is difficult to "reprove" youth for something others in the family, who are adults, have themselves done.

The second highest percentage of living arrangement by sex (male-female combined) show that 19% of the population continue to live with their parents. Counselors interpret this finding as falling within the Mexican-American cultural tradition of the closeness of the extended family, and the matriarchal-centered aspects of the culture. When addicts live with "children", counselors would interpret this to mean "adult children" and more specifically, "female adult children," again due to the matriarchal aspects of the Mexican-American culture. The category of "Other" in this table included in-laws.

Race vs. Religion

Race and religion, the fifth set of variables were chosen to give a clearer demographic breakdown in terms of cultural orientation.

Table 5 illustrated on next page.

TABLE 5
RACE VS. RELIGION
N=232

Race	RELIGION				TOTAL
	Catholic	Protestant	None	Other	
Afro-American	2	33	9		44 (19%)
American Indian	2		2	1	5 (2%)
Anglo-American	12	18	11	2	43 (19%)
Mexican	120	2	10	5	137 (59%)
Other	1	1		1	3 (1%)
Total	137(59%)	54(23%)	32(14%)	9(4%)	232 (100%)

Table 5 illustrates the fact that the majority of the members of the program (59%) are of the Catholic religion. Those members of Mexican-American descent consist of 59% of the total program population, and of these, 88% are Catholic.

The second highest category under religion, Protestant, was represented by 23% of the total program population.

Place of Birth vs. Race

The variables, place of birth and race, were chosen to assess the geographical stability of the addict population with respect to cultural background.

Table 6 illustrated on next page.

TABLE 6
PLACE OF BIRTH VS RACE
N=232

Place of Birth	RACE					Total
	Afro-American	American Indian	Anglo-American	Mexican	Other	
Phoenix	23	1	10	85	1	120(52%)
Arizona Not Phoenix	2		4	27		33(14%)
Other states or Countries	19	4	28	19	2	72(31%)
Not Reported			1	6		7(3%)
Total	44	5	43	137	3	232(100%)

Table 6 indicates that the majority of 52% of the total program member population was born in Phoenix, Arizona. The members of Mexican-American descent comprised the majority of 71% of those members of all ethnic backgrounds born in Phoenix. This same group of Mexican-Americans born in Phoenix, represent 62% of the total number of Mexican-Americans in the program, and 37% of total program membership regardless of ethnicity. Program counselors agreed that these figures point out a relatively stable population which would be in accordance with the life-style pattern of the strong familial ties of the Mexican-American contingent and to his attachment to his own barrio. One counselor pointed out that many addicts often leave their barrio and migrate to another barrio in order to "kick" the drug habit, and can often do so as long as they stay away from their own neighborhood. He added, however, that this is only a temporary solution, as the addict will eventually return to his own barrio where the temptation of drugs will again return to him. Also, the addict will rarely steal for money to support his habit from his own barrio. He usually selects an area that is far from his barrio, according to one counselor, most likely in the north Phoenix vicinity.

The residences of members were plotted by census tract for metropolitan Phoenix which includes Glendale, Scottsdale, and Tempe. The outline of barrio areas were then superimposed on the census tract map. (Refer to Appendix I., Census Tract Map). The ten major, barrios in metropolitan Phoenix as defined by the counselors are as follows: 1. Golden Gate - bordered by 16th Street on the west, 20th Street on the east, Sherman on the north, and Buckeye Road on the south. This barrio falls within census tract 1139 which accounts for

16 members of the program's population. 2. Las Milpas ("The Hills") is bordered by 12th Street on the west, 14th Street on the east, by Buckeye Road on the north, and Mohave Street on the south. This barrio falls within census tract 1150, which accounts for 15 members of the program's population. 3. El Campito ("The Little Camp") is bordered by 7th Street on the west, by 12th Street on the east, by Tonto on the north, and by Buckeye Road on the south. This barrio falls within census tract 1140, which accounts for 15 program members. 4. Los Marcos de Niza (a local housing project) is bordered by 4th Avenue on the west, Central Avenue on the east, by the north end of Yavapai Street on the north, and by Mohave Street on the south. This barrio falls within census tract 1149, which accounts for 9 members of the program's population. 5. Las Avenidas ("The Avenues") is bordered by 1st Avenue on the west, by 7th Avenue on the east, by the Grant-Lincoln Highway on the north, and by the north end of Yavapai Street on the south. The major portion of this barrio falls within census tract 1142, which contributed 11 members of the program's population. 6. La Sonorita is bordered by 15th Avenue on the west, by 7th Avenue on the east, by Pima on the north, and by Mohave Street on the south. This barrio falls within census tract 1148, which contributed 8 members to the program's population. 7. La Diez y Nueve (The Coffeltd - Lamoreaux Housing Project) is bordered by 22nd Avenue on the west, by 19th Avenue on the east, by Buckeye Road on the north, and by Mohave Street on the south. This barrio falls within census tract 1147, which contributes 7 program members. 8. The River-Bottom is bordered by 16th Street on the west, by 19th Street on the east, by Encinas Lane on the north, and by Wood Street on the south. This barrio falls within census tract 1153, which did not contribute any members to the program. 9. La Venta (The Duppa Villa Housing Project) is bordered by 16th Street on the west, by 20th Street on the east, by McKinley on the north, and by Villa on the south. This barrio falls into census tract 1133, which accounts for 8 program members. 10. "Hollywood" is bordered by 56th Avenue on the west, 51st Avenue on the east, by Glendale on the north, and Maryland on the south. This barrio is in the city limits of Glendale, and falls within census tract 929, which contributed 9 members to the program's population.

These data indicate that 42% of the total program population came from a census tract area that contains a major Mexican-American barrio. Those census tracts contributing the highest number of total program members were as follows: Census tract 1139 with 16 members; Census tracts 1140 and 1150 with 15 members in each tract; Census tracts 1132 and 114 with 13 members from each; Census tract 1142 with 11 members; Census tract 1143 with 10 members; Census tracts 1149 and 929 with 9 members; Census tract 1148 and 1133 with 8 members; Census tracts 1131 and 1147 with 7 members; Census tract 1151 with 6 members; and Census tract 1129 with 5 members. Those tracts contributing 4 members or less will not be listed here, but may be referred to in Appendix I.

Counselors feel that these data support their view that the Chicano addict is attached to his barrio, where his family and friends are located. He tends to remain there feeling a greater temptation to continue with his drug habit. Therefore, a vital need for a drug rehabilitation program to be located within easy access to the various Chicano barrios is exemplified. Additionally, future program expansion should be consistent with areas of identified need.

Race vs. Number of Dependent Children

The variables of race and number of dependent children were chosen to give further consideration of the responsibilities facing the addict, i.e., support of his children and the drug habit. Ethnic implications of family size were also explored.

TABLE 7
RACE VS. NUMBER OF DEPENDENT CHILDREN
N=232

Race	Number of Dependent Children						5 and Over	Not Reported	Total
	0	1	2	3	4				
Afro-American	12	12	4	8	6	2			44
American Indian	2		2	1					5
Anglo-American	24	7	8	2	1		1		43
Mexican-American	37	20	25	28	12	11	4		137
Other		2					1		3
Total	75 (32%)	41 (18%)	39 (17%)	39 (17%)	19 (8%)	13 (6%)	6 (2%)		232 (100%)

This table indicated that of the total program population, 32% had no dependent children; that 52% have 1 to 3 dependent children, regardless of race; and that 14% have 4 or more dependent children regardless of race.

There are 151 members reporting having dependent children (with 6 not reporting and 75 reporting as having "none"). Attributed to these 151 members is a total of 377 dependent children.

The Mexican-American members constitute 64% of those members reporting having dependent children, and total 257 or 68% of all dependent children, and averaging 2.7 dependent children per each Mexican-American member, who reported having dependent children. This is only slightly above the average

of 2.5 dependent children per each program member reporting dependent children, regardless of race, and remembering that the Mexican-American contingent represents 60% of the total program population. The Anglo-American members had 9% of all dependent children, the Afro-Americans had 21% and Indian members and 2% of all dependent children.

Race vs. Contact Motivation

The eighth set of variables were race and contact motivation, which may be defined as the initial reason given for approaching the VDSNPP for help. Crisis situation was defined by a counselor as "a traumatic emergency, such as an overdose or acute withdrawal." Program interest was interpreted by the counselors as "desiring complete or one-hundred percent participation in the total program." In Table 8, the category "Crisis Situation" was listed over that of "Program Interest" in a selected number of cases, where the member may have stipulated both areas. This procedure was used in order to obtain mutually exclusive categories, ones in which each member is recorded only once.

TABLE 8
RACE VS. CONTACT MOTIVATION
N=232

Race	CONTACT MOTIVATION					Total
	Program Interest	Crisis Situation	One-Shot Service	P.A. Orders	Not Reported	
Afro-American	20	4	9		11	44
American Indian	3			1	1	5
Anglo-American	27	4	4	1	7	43
Mexican-American	68	31	17	2	19	137
Other	1	1	1			3
Total	119 (51%)	40 (17%)	31 (13%)	4 (2%)	38 (17%)	232 (100%)

For the majority of program members (51%), the primary contact motivation with Valle Del Sol Program was that of "Program Interest," followed by 17% of those reporting to be in a "Crisis Situation." Of the 119 (51%) members expressing program interest, 63 (57%) were of Mexican-American descent. This table can be explained in further detail with the aid of the following table on "Project Aid Requested."

Race vs. Project Aid Requested

TABLE 9
RACE VS. PROJECT AID REQUESTED

N=232

Race	PROJECT AID REQUESTED					Total
	Methadone	Detoxifi- cation	Employment/ Training	Other	Not Reported	
Afro-American	29	11	3	1		44
American Indian	3	1	1			5
Anglo-American	13	15	10	4	1	43
Mexican-American	40	50	30	12	5	137
Other		1	1	1		3
Total	85 (37%)	78 (34%)	45 (19%)	18 (8%)	6 (2%)	232 (100%)

Table 9 illustrates that 37% of the program population requested the project aid of Methadone, and that 34% requested Detoxification, which includes requests for referrals to Fort Worth, Texas, 8 such requests were made. These figures combined, total 71% of the program population that initially had requested Methadone or Detoxification from the program. This would appear to indicate in conjunction with the above table on "Contact

Motivation," that the primary motivation of members was that of "kicking their drug habit" and rehabilitation; they saw methadone and detoxification as the best methods of getting off heroin and into rehabilitation. It is also indicated that of the 163 members requesting methadone and detoxification, 90, or 55% of these were of Mexican-American descent. "Other" project aid requested includes: legal aid, housing, counseling, subsistence needs and food requests.

Educational Level vs. Source of Income

The variables of educational level and source of income were compared and contrasted for implications of program intervention.

TABLE 10
EDUCATIONAL LEVEL VS. SOURCE OF INCOME
N=232

Educational Level	SOURCE OF INCOME						Total
	Legitimate Job	Public Assistance	Spouse	Family/Friends	Illegal	Other	
1- 7 years	6	1	2	3	11	8	31(13%)
8- 9 years	23	3	7	11	33	13	90(39%)
10-11 years	19	4	8	11	23	5	70(30%)
12-over	14		1	5	7	8	35(15%)
Not Reported	2		1			3	6(3%)
Total	64 (28%)	8 (4%)	19 (8%)	30 (13%)	74 (31%)	37 (16%)	232 (100%)

This table indicates that the majority (69%) of program members received 8 to 11 years of education, and have relied typically on illegal activities as a source of income (31% of the total program population). Of the 28% of the population reporting income from legitimate jobs, our tabulated data indicate that 15% reported having skilled-labor occupations, 19% having semi-skilled labor occupations, and the highest, or 39% having unskilled labor occupations. Due to the majority of members lacking their high school diploma and their reliance upon illegal activities as a source of income, as well as their lack of vocational training, it is apparent that these needs must be provided for within the context of the service network if the rehabilitation of the addict is to be totally effective.

Type of Drug vs. Frequency of Use

To further our demographic knowledge of the program population, drug usage - type and frequency were correlated. The categories in this table were scored in terms of absolute frequency, i.e., the principle choice of drug appears in only one cell, allowing for mutual exclusiveness.

TABLE 11
TYPE OF DRUG VS. FREQUENCY OF USE
N=232

Principle Drug of choice	FREQUENCY OF USE (Days Per Week)						Total
	7-6	5-4	3-2	1	Very Little	Not At all	
Heroin	160	18	15	2	4		199(86%)
Barbiturates	1						1(.5%)
Psychedelics					1		1(.5%)
Marijuana	7	1	2		5		15(6%)
Non-Use						16	16(7%)
Total	168 (72%)	19 (8%)	17 (8%)	2 (1%)	10 (4%)	16 (7%)	232 (100%)

The data indicate that 86% of the total program population was on heroin (at least during the two months prior to admission as the question was stated on the TCU Admission Record). Our data indicate that 69% of the total program membership used heroin 6 to 7 days per week for this same two month period. Those reporting no use of drugs at all under the "frequency of use" category, may have used drugs prior to the two month period preceding admission. These data validate the program goals in that the population served is indeed hard core heroin addicts.

Arrests vs. Convictions

Illegal activities, attributed to hard core heroin addict's life style, led to the comparison of the variables, convictions and arrests.

TABLE 12
ARRESTS VS. CONVICTIONS
N=232

Arrests	CONVICTIONS						Total
	0	1-2	3-4	5-6	7-over	Not Reported	
0	30						30(13%)
1 - 2	20	39				2	61(26%)
3 - 4	9	36	13			3	61(26%)
5 - 6	3	14	12	2			31(14%)
7-over	2	18	11	6	9	1	47(20%)
Not Reported						2	
Total	64 (28%)	107 (46%)	36 (16%)	8 (3%)	9 (4%)	8 (3%)	232 (100%)

Table 12 indicates that of the total program population of 232 members, at least 60% of them have been arrested 3 to 4 times or more. However, of these arrests, only 23% have been convicted 3 to 4 times or more. The highest percentage of convictions is in the convicted 1 to 2 times category, with 56% of the program population designated as such. It appears that the chances of being convicted for each arrest decreases significantly as the number of arrests increase.

Race vs. Time Service in Jail, Prison or Penitentiary

Our last set of variables were chosen for comparison to determine if there was an ethnic bias in the length of prison confinement.

TABLE 13
RACE VS. TOTAL TIME SERVED
N=232

Race	TOTAL TIME SERVED (in months)							Total
	0	1-12	13-24	25-48	49-120	121-Over	Not Reported	
Afro-American	10	10	6	9	5	1	3	44
American Indian	1	2	1	1				5
Anglo-American	17	11	5	4	3	3		43
Mexican American	28	40	15	20	22	3	9	137
Other	2		1					3
Total	58 (25%)	63 (27%)	28 (12%)	34 (15%)	30 (13%)	7 (3%)	12 (5%)	232 (100%)

Table 13 shows that 27%, the highest percentage, of the total member population served from 1 to 12 months in jail, prison, or the penitentiary. This is closely followed by 25%, who served no time. Seven members or 3% served ten years or more. The remaining membership was quite evenly distributed between 13 to 24 months, 12%; 25 to 48 months, 15%; and 49 to 120 months, 13%. Of the total, 5% did not report time served.

Prior to applying the Chi Square to these data, the 5 Indian members, the 3 designated as "other," and 12, who failed to report time served, were deleted changing the total membership of N=232 to N=212. For computation of the Chi Square, time served categories were: 0 months, 1-12 months, 13-48 months and 49+ months. Our degree of freedom was 6. Chi Square was 8.05. The resultant probability lies between 0.20 and 0.30, showing no significant relationship between race and time served. Put in another way, Mexican-Americans and blacks served sentences expected for crimes committed.

Therefore, we can not conclude that discrimination worked against the minority addict. However, it is interesting to note that the Anglo cell with no time served has a much higher observed frequency than expected. It can be concluded that Anglo-Americans are "getting off" without serving as much time as expected. In other words, for similar crimes committed by whites no time was served. We can conclude then that discrimination worked in favor of the white addict.

Summary of Findings:

Our findings indicate that the majority of the addicts have the following characteristics in common: are male; entered the program between 23 and 27 years of age; are in their first marriage and live with their legal spouse; are Catholic; are Mexican-American; were born in Phoenix, Arizona; came from a census tract that contains a major geographically defined barrio; have one to three dependent children; received 8 to 11 years of education; relied typically on illegal activities as a source of income; if legitimately employed, have unskilled labor occupations; used heroin six to seven days per week; had been arrested three or more times and convicted once or twice; and had served one to twelve months in jail or prison.

In conclusion, the VDSNPP appears to be meeting their specified goals of serving the Mexican-American and the hard core heroin addicts.

We now turn from this broad view of the total agency population to a representative sample, narrowing the focus to a particular life style.

2. Addict Life Style

Introduction

In this section, we are attempting to look at five areas of the Chicano addict's life as he progresses through the drug cycle. The five are: Education, Employment, Primary Relations, Illegal Activities, and Drug Dependence. These variables will then be compared at the various stages of the drug cycle and examined for emerging patterns. Emerging patterns will then be summarized with consideration given to implications of service delivery to the addict population.

There were a total of twenty-two subjects interviewed; 20 males and 2 females. Their ages ranged from 21 to 56 years, the average being 32. Their marital status was distributed as follows: 4 - single, 7 - married, 5 - common-law relationships, 4 - divorced, 1 - separated, and 1 - widowed. Fourteen were born in Phoenix, 3 in California, 2 in Texas, 2 in Michigan and 1 in Mexico. Eighteen had spent most of their life in the barrio and four in an urban setting outside of a barrio.

Education: Prior to Drugs

Forty-six percent had terminated their formal education during the Prior to Drugs stage of the cycle. The 8th grade was cited as the average for school drop-out, with "having to work" as the reason most typically cited for termination. The average age for school drop-outs was 15 years.

Education: Preaddiction (Using drugs but not addicted)

The addict sample under study reported beginning drug use at the average age of 16 years. By this time, 91% had terminated their formal education, with only one of the 22 subjects reporting that school had prepared him for a job.

Education: Summary of Findings

The findings indicate that the addict has terminated formal education prior to the stage of addiction. They also show that the educational process for the addict is not only incomplete but apparently unproductive.

In summary, our findings indicate that the Chicano narcotic addict is equipped with an 8th grade education. This finding becomes more significant when reviewing the results of the National Advisory Committee on Mexican-American Education. The Committee cites: "Four out of five Chicanos fall two grades behind their Anglo classmates by the time they reach the fifth grade." (p.22) Accordingly, the 8th grade education of our Chicano addict is only equivalent to approximately a 5th grade education. This finding is significant for program planning in terms of the level at which to begin reeducation.

Employment: Prior to Drugs

Of the subjects, 68% had been employed at some time during this stage of the cycle. Of these, 53% worked as farm laborers most of the time; 20% cited dish-washing as the job held most during this time; and 27% indicated other types of menial unskilled jobs, such as: gardener, paper boy, stock clerk, etc. During this stage, 32% had not had any job experience.

Employment: Preaddiction (Using drugs but not addicted)

At some time during this stage, 82% had been employed. Of these, 87% were employed in unskilled jobs of the type mentioned above: 13% were employed in semi-skilled jobs, such as: cook, mechanic, porter, etc.

The trend to hold predominantly unskilled jobs extended into the Addiction and Kicked stages of the drug cycle. There was a greater variety of the kinds of jobs held, but no significant increase in incidence among unskilled, skilled, or semi-skilled jobs.

Employment: Summary of Findings

Given the poor educational preparation, it is not surprising that 87% of the Chicano drug addicts were employed in unskilled jobs and 13% in semi-skilled jobs. This study points out how early the Chicano becomes stagnant in terms of participating in another major institution, (economic) employment. The income, which would provide a decent standard of living, eluded the Chicano addict. These jobs generally require personal qualifications or skills which the Chicano has not attained. Even those skills, in which a Chicano with a fifth grade education could function, generally require passage of a test, which is academically geared at a high school level or slightly higher. (Racism in America, Commission Report, p. 20).

In summary, the early age at which the Chicano addict becomes employed would indicate a motivational drive to work. An additional indicator is their continued desire to remain employed throughout the drug cycle. This finding is significant for program planning in terms of development of employment skills, which would begin at the unskilled level.

Primary Relationships

The variables of family relationships and particularly relationship with spouse were analyzed as the stages of the drug cycle progressed. This was oriented at attempting to establish a phase of the cycle during which primary relationships could be facilitated through this familial reinforcement. The next two tables will tabularly show our findings.

Family Relationships vs. Drug Addiction Cycle

TABLE 14

FAMILY RELATIONSHIPS VS. DRUG ADDICTION CYCLE

N=22

Family Relationships	Prior to Drugs	Preadiction But Using Drugs	Addiction	Kicked
Good	10	7	3	7
Average	7	10	6	5
Bad	5	3	6	
N/A		2	7	2
Total	22	22	22	14

Since we did not apply a mechanical scale of responses to the area of Primary Relationship, we relied on the interviewers' technical expertise to interpret the subjects' responses. Typical responses under family relationships were coded as follows: "Good" equals subject's responding in these ways; "excellent," "real good", and "good". Typical responses coded as "Average" equals responses such as, "all right", "fine", and "fair". "Bad" equals: "not good", with family, meaning their parents and siblings.

Those subjects, who had good relationships with their families prior to their involvement with drugs, found these relationships deteriorating with their use of drugs. Upon addiction, those relationships tended to change from average to bad, or to an increase lack of contact with the family generally. During the "kicked" stage, relationships tended to again improve to good or average, with no members reporting bad relationship, and only two reporting no contacts with their families.

Relationship with Spouse vs. Drug Addiction Cycle

TABLE 15

RELATIONSHIP WITH SPOUSE VS. DRUG ADDICTION CYCLE

N=22

Relationship With Spouse	Prior to Drugs	Preaddiction But Using Drugs	Addiction	Kicked
Good		5	6	5
Average		4	1	
Bad	1	2	10	3
Not Married	21	11	5	6
Total	22	22	22	14

Typically, the subjects were not married prior to their involvement with drugs; they began marrying during the Preaddiction stage of the cycle at the average age of twenty-two. During the Addiction stage, relationships with their spouse tended to get "bad". Whereas, during the Kicked stage, relationships with their spouse tended to improve.

Primary Relationships: Summary of Findings

In summary, relationships with family and spouse showed progressive deterioration through the phases of the drug cycle reaching a maximum deterioration at Addiction stage. During the Kicked stage, these relationships tended to improve. This finding is significant for program planning in terms of early interventive measures being designed to include strengthening family relationships.

Illegal Activities

To assess whether or not illegal activities and incarceration rates increase throughout the four phases of the drug cycle, the next two tables are presented.

Illegal Activities vs. Drug Addiction Cycle

Table 16

ILLEGAL ACTIVITIES VS. DRUG ADDICTION CYCLE

N=22

Illegal Activities	Prior to Drugs	Preaddiction But Using Drugs	Addiction	Kicked
Yes	14	18	19	3
No	8	4	3	11
Total	22	22	22	14

Illegal activities in this table do not include the usage of illegal drugs. The findings presented in Table 16 indicated that the majority of the subjects were involved in illegal activities prior to their involvement with drugs. However, illegal activities increase as their involvement with drugs increases. Accordingly, there appears to be a direct positive correlation between drugs and illegal activities. This relationship becomes clear at the "kicking" stage where involvement in illegal activities then appears to reverse itself. At this point, 60% of the subjects kicked; of those, 80% ceased their involvement in illegal activities after having kicked.

Incarceration vs. Drug Addiction Cycle

Table 17 follows and presents findings related to incarceration in the drug addiction cycle.

TABLE 17
INCARCERATION VS. DRUG ADDICTION CYCLE
N=22

Incarceration	Prior to Drugs	Preaddiction But Using Drugs	Addiction	Kicked
Yes	11	16	15	3
No	11	6	7	11
Total	22	22	22	14

Although 50% of the subjects had been incarcerated (this included institutions for juvenile offenders) prior to their use of drugs, there is a significant increase of incarceration with involvement in drugs. This table supports the previous finding, where once having kicked, there is a significant decrease in illegal activities.

Counselors at VDSNPP indicated that these findings were typical to the Chicano addict, who was already involved in illegal activities prior to his usage of drugs, which perhaps indicates a more readily accessible route to drug activity. In contrast; the white middle class addict's involvement in illegal activities appears to be often precipitated by use of drugs.

Illegal Activities: Summary of Findings

In summary, the findings indicate that the Chicano addict was involved in illegal activities and had also been incarcerated prior to the use of drugs. Both the incidents of illegal activity and incarceration increased with the use of the drugs. These findings indicate a two fold approach to program planning. First, focus on legal services for the addict currently involved in rehabilitation. And, second, initiation of programs in the barrio designed toward delinquency prevention.

Age

The variables of age and addiction cycle were used to view the addict's chronological transition through the drug cycle. Table 18 will illustrate this progression.

TABLE 18
TIME SPAN VS. DRUG ADDICTION CYCLE
N=22

STAGE	MEDIAN AGE
Prior to Drugs	15 years
Drug Use (Non-morphine base)	16 years
Drug Use (Morphine base - hard core)	19 years
Narcotic Addiction	22 years

The median age for subjects in the Prior to Drugs stage was 15 years, the range being from 8 to 20 years. The median age for the subjects in the Preaddiction (using but not addicted) stage was 16, the range being from 9 to 21 years. As illustrated in the table, three years elapsed from the time of beginning drug use to the use of morphine based drugs. The median age for this stage was 19. The median age in the Addiction stage was 22, with the range being from 15 to 35 years. Therefore, there is an average time lag of six years between the Preaddiction and Addiction stages.

Age: Summary of Findings

Over 50% of the subjects did not start using morphine based drugs until after their third year of using drugs. An additional finding is that 49% did not become addicted until after one year of hard drug usage. Thirdly, a total of six years elapsed between initial drug use and narcotic addiction. In terms of program planning, this time increment is vital for preventing addiction, and indicates that, a special emphasis on intervention should be directed at the Chicano adolescent during the age span of 16 to 20 years.

3. Agency Services

Introduction

The purpose of this section is to report findings relative to three basic exploratory questions: (1) what are the needs of clients requesting service from VDSNPP; (2) what services are provided these clients; and (3) what problems are encountered in the delivery of services?

The findings will be reported in the order of: request for aid; services received; and problems in the delivery of services. Since the findings in this section were gained from interviews with staff and members, it is hoped that the data presented will bring to light some of the existing gaps in service and may point up possible areas which this agency would seek to improve.

Request for Aid

What services were requested by clients of VDSNPP? A questionnaire survey of 232 addict members indicates the following: (1) The primary aid requested was methadone maintenance (37%), of all parties responding. This is not a surprising figure, since VDSNPP provides the only CODAC authorized methadone maintenance program in Maricopa County;

(2) Non-methadone detoxification was the second most service-requested aid (34%) of all addicts reporting. These two findings, taken together, indicate that the clients' primary reasons for contacting VDSNPP was to rehabilitate from drugs;

(3) Nineteen percent of clients reporting requested employment or job training, as a legal means of sustaining their drug habit, their home or family, etc.,; and

(4) The remaining percentage of clients responding requested aid for "crisis needs," such as legal aid, food, clothing, housing, counseling, etc.

In relation to these findings, two points need to be understood. The first deals with a primary need for educational resources. Although none of the clients requested this service, only 15% of those questioned had the equivalent of a GED. Lack for request of this service is understandable, since the clients' primary goals are to first rehabilitate from drugs through detoxification or methadone maintenance. However, it can be assumed that clients who will later have the need for employment will require a higher level of education. The second point to be made relates to occupational needs. Sixty-four percent of addicts responding indicated prior occupational roles below the level of skilled labor. In view of these findings, both educational and manpower training resources will be required following detoxification, or during methadone maintenance.

Services Received

The previous section outlined major requests for aid. This section describes what services were provided to satisfy these specific needs and secondary problems. Table 19 shows services available to members agencies providing these services.

TABLE 19
RESOURCES AVAILABLE TO VALLE DEL SOL MEMBERS

Available at VDSNPP	Available at Community Agencies
Methadone Maintenance	Employment/Education
Education	Job Training
Individual Counseling	Individual Counseling
Family Therapy	Family Therapy
Group Sessions	Legal Help
Referral and Follow-up	Crisis Needs (food, clothing, health, housing).
	Economic Aid and Advice
	Alternate Drug Treatment

TABLE 20
VDSNPP REFERRAL COMMUNITY SERVICE AGENCIES

Employment/Education	Crisis Needs	Counseling	Drug-Related
Arizona State Employment	City of Phoenix - Housing Dept.	Family Services of Phoenix	TERROS
Phoenix OIC	St. Mary's Food Bank	First Avenue Health Center	Arizona Family
*CEP # 1	LEAP Clothing Bank		Creative Living Foundation
*CEP-SER #2	MCHD & MCGH		Memorial Hospital
DVR	EEOC		St. Joseph's Hospital
MDTA	Legal Aid		North Mountain NARA
	Public Defenders		Camelback Hospital
	Parole Officers		St. Luke's Hospital
	Ex-Offenders		
	Chicanos Por La Causa		

Table 20 is not intended as an exhaustive listing of community resources. Its intent is to list those agencies most frequently utilized by VDSNPP counselors in referring members.

Table 19 and 20 indicate sample resources to meet the needs of addicts requesting service. These resources are provided by a full spectrum of federal, state, local and private agencies. What follows is a description of services offered by agencies listed in Table 20.

1. Drug Related. The VDSNPP is one component of a comprehensive drug abuse service network funded by the Community Organization for Drug Abuse Control (CODAC). As sub-contractor of outpatient services in the provision of services, VDSNPP works in close conjunction with other network sub-contractors. This network includes outpatient, inpatient, intermediate care, emergency, and consultation and educational services. This complete spectrum of service is offered, if needed, to addict members of VDSNPP, in conformity with the following sub-contract Assurances:

- (1) that any person eligible for treatment within any one element of service will also be eligible for treatment within any other element of service;
- (2) that any patient within any one element can and will be transferred without delay to any other element (provided that adequate space is available) whenever such a transfer is indicated by the patient's needs;
- (3) that the clinical information concerning a patient which was obtained within one element will be made available to those responsible for the patient's treatment within any other element.

Each element of service, and the agency responsible for providing this service, is listed below:

(1) Emergency Services: Terros. Terros is largely a crisis treatment agency, that acts as an initial starting point for users referred within the system. Its program includes twenty-four hour emergency service for "bummers," (negative reactions to psychedelics) and overdoses from narcotics. In addition, a free clinic is available for drug related medical problems. "Rap sessions" and spontaneous group discussions regarding the ramifications of drug use and abuse are also fostered.

(2) Inpatient Services: The Arizona Family, Synergy. The Arizona Family, based on the abstinence model, maintains an isolated community in rural Arizona. Applicants to this community are rigorously screened. The facility offers twenty-four hour care to the chronic amphetamine or barbiturate abuser or heroin addict. The therapeutic program ranges from six months to one year in duration, with graduates from long-term rehabilitation re-entering the community

via a day care program. While in the program, the treatment approach is based on the philosophy that reliance on drugs is not possible for personal growth and functioning. Following graduation, members are aided in finding employment, vocational training or education.

Synergy, a ten-bed residential facility, is scheduled to open in February, 1972 and will be located in the Phoenix inner city. This facility will provide referral for detoxification and a short-term inpatient evaluation and treatment service for network agencies.

(3) Outpatient and Intermediate Care: Creative Living, Abibifo Kurye Kuw, Inc., VDSNPP. The Creative Living Foundation, located in northeast Phoenix, provides outpatient and intermediate care services. Awareness groups dealing with the realistic factors of drug experimentation and its social consequences is a major approach used. Individual counseling about problems related to drug abuse is also provided. Intermediate care takes the form of a twenty bed live-in program of approximately four to six months duration. This service meets the needs of drug users who require immediate relief from their environment and therapy on an intermittent basis.

Abibifo Kurye Kuw, Inc., (United Peoples Association) is an outpatient program proposed to begin operation in February, 1972. This facility will be located in the Phoenix inner city and will serve the drug abuse problems of inner city residents. Services offered will include case finding, job development, vocational training and outpatient counseling.

In addition to outpatient services listed for VDSNPP earlier in this section, methadone maintenance is utilized as an outpatient modality. Additionally, VDSNPP maintains its own community and self-awareness programs, as exemplified by the GED preparation classes and cultural awareness sessions. Rounding out the service provided by VDSNPP is public education and youth involvement.

In addition to drug services mentioned above that must subscribe to NIMH assurances as a provision of contract, other drug abuse program services are available to VDSNPP. These include: the St. Joseph's Hospital and North Mountain NARA Program, the Camelback Hospital Young Adult Program and St. Luke's Hospital Methadone Detoxification Unit.

(2) Employment and Education. Arizona State Employment Services in Phoenix is the most frequently used resource for this purpose. In addition, two of the VDSNPP counselors have personal contacts at the Glendale branch, which they say offers geographically distant members an opportunity to seek out work closer to their homes. These two branches of ASES offer immediate job placement in an unlimited area of interests to both skilled and unskilled workers.

Another resource frequently utilized is the DVR (Division of Vocational Rehabilitation) which will take referrals for members with physical or mental disabilities and will help to train and place them upon fulfillment of its course requirements. Reimbursement for tools, travel and other training expenses is part of this state agency's program to give the addict as much help as possible to function satisfactorily while in the training process.

Phoenix OIC (Opportunity Industrialization Center) is seldom used by VDSPP, since the OIC program is felt to be oriented toward the Black in the same way VDSNPP focusses on the Chicano. OIC provides classroom and on-the-job training in skill areas which are in public demand yet require special training.

CEP #1 (Concentrated Employment Program) and CEP-SER #2 (Service, Employment and Redevelopment) are oriented to help the minority persons. CEP-SER #2 is specifically designed for Chicanos and provides on-the-job training and classroom instruction. GED classes are also offered in conjunction with this training. These centers are the primary training resources which VDSNPP counselors use for their members, because of technical skill training offered and the cultural awareness component of the program.

Another training center, the MDTA (Manpower Development Training Act), provides classroom training and some on-the-job training in a limited range of skill areas. This program does not provide a GED educational component.

3. Crisis Needs. A primary concern of the VDSNPP program is the efficient handling of crisis situations. Since 8% of their members initially come in for crisis resources, counselors strive to keep on good terms with participating agencies and also are aware of any new services that develop in the community that might benefit their clients.

Clients are frequently referred to the St. Mary Food Bank or the LEAP Clothing Bank for emergency supplies. VDSNPP also utilizes the City of Phoenix Housing Department which expedites the process of locating and securing low cost living quarters.

4. Counseling. In addition to referring members for educational or vocational counseling and crisis services, counselors offer support through individual counseling and family therapy with addicts who have problems relating to drugs. This service is one of the most valuable resources which VDSNPP maintains at its own facility. This enables the counselor to help the addict realistically understand and work through his problems. When counselors find that their members' problems are beyond the scope of their expertise, the addicts are referred to the First Avenue Health Center or Family Services of Phoenix, where psychiatric and social services are available for little or no cost to the member.

For medical problems, checkups and emergencies members are referred either to County Hospital or the County Health Department, depending on the problem and its severity. The Health Department is a system of outpatient clinics for welfare and paying customers. The County Hospital is primarily designed for medically indigent persons requiring inpatient or emergency services.

The most frequent crisis situation experienced by the addict relates to judicial problems stemming from any drug related crime. This is reflected in the findings that 86% of the 232 cases questioned have been arrested, with

most of these members spending time in jail. This high percentage of members with legal problems necessitates the availability of legal services on an unqualified basis. Legal Aid is the only organization which handles legal problems for the poor, but its regulations prevent handling of criminal cases. The remaining recourse is to employ the services of a court-appointed Public Defender.

Other crisis needs experienced by members stem from economic difficulties, such as possible consumer fraud. In these instances a Chicano-oriented agency, Chicanos Por La Causa, and the EEOC (Equal Employment Opportunities Commission) are most frequently utilized by VDSNPP counselors. Although such referrals are not strictly related to addict problems and rehabilitation, the agency feels that these services are a necessary part of their overall program of service to the South Phoenix area to combat drug abuse and further healthy personal and social functioning.

Problems in Delivery of Services

The purpose of this section is to report findings relative to problems in the delivery of educational, employment, counseling, crisis, and drug related services. Findings are based on responses given by VDSNPP staff and addict members.

Employment

Major gaps in efficient service seem to exist in the areas of employment. These gaps fall into four distinct areas. They are as follows: (1) Of all the Manpower programs utilized by VDSNPP, none are able to provide enough individual attention to the addict's problem during the training phase of the employment program. Consequently, the addict often loses interest in the program due to the lack of needed motivational reinforcement. Additionally, much of the required training is felt to be irrelevant, particularly in terms of the addict's most immediate need: drug rehabilitation.

(2) A major drawback of both the MDTA and DVR programs is the lack of emphasis given to the cultural orientation. An additional problem seen with the MDTA Program is in relation to extensive waiting lists. Because the recovering addict is impatient to be trained and placed in employment, a waiting list lag of four to six months acts as a major deterrent to using the services. (3) A major drawback in most training programs is the lack of a job placement component. Consequently, training is seen as irrelevant without a post completion employment goal. (4) A major road block to Manpower program utilization is the convert discrimination experienced by most addict clients following completion of training. Employers are reluctant to hire ex-addicts even though they have successfully completed a Manpower training program.

Crisis

Lack of transportation also creates a problem for an addict needing emergency medical care. However, the most pressing crisis problem of all seems to be the need for easy access to competent and sympathetic legal counsel. It is the experience of both addicts and VDSNPP staff that parole officers are, by and large, unconvinced of the addict's rehabilitation potential. A viable solution to this problem could possibly be found through the procurement of legal services. This would assure an attorney's objective assessment of the addict's potential for rehabilitation through a thorough understanding of the program.

Counseling

Some addicts felt they could not receive counseling from staff as much as they would have liked. This is collaborated with use of staff time questionnaire (see Appendix G), which indicates that the average amount of time counselors were able to allot to client interviews was 15%.

Summary of Findings

In summary, it would seem that the total system of services which are available in the Phoenix area, including VDSNPP, are diverse enough to provide some measure of care for most addict members. There is a definite need, however, for VDSNPP to consider several areas where services are weak. Regarding employment and education, a job development counselor is needed to pool information regarding the deficiencies and benefits of each Manpower agency. In this way, the job development counselor could pick up the slack in providing interest and reinforcement for addict trainees who feel they are not getting enough attention. Additionally, this counselor could coordinate training benefits derived with job placement opportunities.

To help the addict with the problem of legal services, it is suggested that VDSNPP explore the feasibility of a legal committee to determine the precise needs of the addict in relation to the legal system, and make recommendations relative to alleviating those needs.

To readily accommodate the problem of addict's requiring additional counseling, it is suggested that the administration of VDSNPP reassess the distribution of staff time and labor relative to caseload management.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

1. Summary

The purpose of this study was to explore a drug rehabilitation program oriented toward the Chicano addict. The specific problem under study related to three major variables which influence the rehabilitation process. They are: (1) what are the characteristics of the Chicano addict; (2) what characteristic life style patterns must be considered in the rehabilitation process; and (3) to what extent is the rehabilitation process geared to meet the Chicano addict's needs?

The study population consisted of 232 addict case records. Additionally, in-depth interviews utilizing predetermined questionnaires as well as non-directive interview techniques were conducted with 22 of these addicts. Supplementary information was obtained from program administrators and staff to determine: (1) program policy and services, (2) interpretation of findings, and (3) their assessment of the community service network.

2. Conclusions and Recommendations

Addict Characteristics

Our findings indicate that the majority of addicts have the following characteristics in common: a significantly higher proportion are male (82%). The largest number (35%) of the members entered the program between 23 and 27 years of age, followed closely by the second highest representation (26%) entering at the age of 33 and over. The highest percentage (39%) are designated as being in their first marriage and living with their legal spouse. Fifty-nine percent are Catholic; also 59% are Mexican-American, 88% of whom report to be Catholic. Phoenix, Arizona, was listed as the place of birth for 52%. Of the total population, 42% came from a census tract that contains a major geographically defined barrio. Having dependent children was reported by 66% of the total program population; 52% reported having one to three dependent children. The majority of the program membership, 69%, received 8 to 11 years of education, and have relied typically on illegal activities as a source of income (31%). Of those reporting income from legitimate jobs, the highest representation, 39%, reported having unskilled labor occupations. Heroin was used by 86% of the program population; 67% of these members reported using it 6 to 7 days per week. Sixty percent of the

population are designated as having been arrested 3 or more times. The highest rate of convictions is in the 1 to 2 times category with 46% designated as such. Finally, the highest percentage, 27%, of the population designating time served was in the 1 to 12 months category.

The two major recommendations directly related to these findings are:

- (1) Recommend that additional research be conducted to determine if there are more male than female addicts. Design an outreach program to attract the female addict, and
- (2) Recommend that rehabilitation programs designed to meet the needs of Chicano addicts continue to be located in the barrio.

Addict Life Style

From this section of the study, five major conclusions and their subsequent recommendations emerged. They are:

- (1) The Chicano addict is equipped with an 8th grade education, which in reality is equivalent to approximately a 5th grade education.

Recommendation: Programs should plan to begin re-education at about the 5th grade level.

- (2) The majority of Chicano drug addicts were employed in unskilled jobs. However, they demonstrated a motivational drive to work and to remain employed throughout the drug cycle.

Recommendation: Programs plan development of employment skills, beginning at the unskilled level.

- (3) Primary relationships with family and spouse showed progressive deterioration through the phases of the drug cycle reaching a maximum deterioration at the Addiction stage. During the Kicked stage, these relationships tended to improve.

Recommendation: Early interventive measures be designed to include strengthening family relationships.

- (4) Although the Chicano addict was involved in illegal activities and had been incarcerated prior to the use of drugs, these activities increased with the use of drugs.

Recommendation: Focus on legal services for the addict currently involved in rehabilitation and initiation of programs in the barrio designed toward delinquency prevention.

- (5) Subjects did not start using morphine based drugs until after their third year of using drugs. They did not become addicted until after one year of hard drug usage; a total of six years elapsed between initial drug use and narcotic addiction.

Recommendation: A special emphasis on intervention should be directed at the Chicano adolescent during the 16 to 20 years of age span.

Agency Services

From the final section of the study, three major findings and corresponding recommendations emerged. They are as follows:

- (1) Examination of the training programs revealed that: addicts were not given enough individual attention, received no cultural orientation, were not assisted in obtaining post-training employment and were faced with discrimination of being ex-addicts.

Recommendation: Valle Del Sol maintain close contact with clients as they go through the MDTA program. In addition, a job development counselor, who could coordinate training benefits with the job placement opportunities of each Manpower agency, be considered.

- (2) One of the addicts' most pressing problems is the need for easy access to competent and sympathetic legal counsel.

Recommendation: VDSNPP explore the feasibility of a legal committee to determine the precise needs of the addict in relation to the legal system, and make recommendations relative to alleviating those needs.

- (3) Some of the addicts felt they could not receive counseling from staff as much as they would have liked.

Recommendation: The administration of VDSNPP reassess the distribution of staff time and labor relative to caseload management.

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